

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 106 / 125

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Dental Association Political Action Committee

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Waters for office</p> <p>Mailing Address 10124 South Broadway Suite 1</p> <p>City Los Angeles State CA Zip Code 90003</p> <p>Purpose of Disbursement Void - Waters for office-check not received by Dr. Lebovics</p> <p>Candidate Name Maxine Waters</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: CA District: 35</p>	<p>Transaction ID: 7243180</p> <p>Date of Disbursement 10 / 23 / 2008</p> <p>Amount of Each Disbursement this Period -2500.00</p> <p>Void - Waters for office-check not received by Dr. Lebovics</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Waters for office</p> <p>Mailing Address 10124 South Broadway Suite 1</p> <p>City Los Angeles State CA Zip Code 90003</p> <p>Purpose of Disbursement Check sent to Dr. Irving Lebovics</p> <p>Candidate Name Maxine Waters</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: CA District: 35</p>	<p>Transaction ID: 7243181</p> <p>Date of Disbursement 10 / 23 / 2008</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>Check sent to Dr. Irving Lebovics</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Geoff Davis For Congress</p> <p>Mailing Address 3161 Dixie Highway Suite F</p> <p>City Erlanger State KY Zip Code 41018</p> <p>Purpose of Disbursement Check sent to Dr. W Ken Rich</p> <p>Candidate Name Rep. Geoffrey Davis</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: KY District: 04</p>	<p>Transaction ID: 7243182</p> <p>Date of Disbursement 10 / 23 / 2008</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>Check sent to Dr. W Ken Rich</p>

SUBTOTAL of Disbursements This Page (optional)

2500.00

TOTAL This Period (last page this line number only)